#### **FORM D**

Notice of Exempt Offering of Securities

## U.S. Securities and Exchange Commission Washington, DC 20549

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

#### **OMD APPROVAL**

OMD Number: 3235-0076 Expires: March 31, 2009

Estimated average burden hours

per response: 00.40

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Item 1. Issuer's Identity			
Name of Issuer	Danis a Manada		Entity Type (Select one)
Goldman Sachs Multi-Strategy Portfolio SMG Family Fund, L	Previous Name(s)	☑ None	☐ Corporation
Jurisdiction of Incorporation/Organization			☐ Limited Partnership ☑ Limited Liability Company
DE			☐ General Partnership
Year of Incorporation/Organization			☐ Business Trust
(Select one)			☐ Other (Specify)
☐ Over Five Years Ago ☑ Within Last Five Y	/ears 2008	☐ Yet to Be Formed	
Ut and the second of the state and a short this	(specify year)	— nasliceworle) by attaching t	nome 1
(if more than one issuer is filing this notice, check this	i box 🗀 and identity addition	narissuer(s) by attaching to	IPT FOR COURT ABOVE ABOVE DATE (AREA) OF THE FORM AND LABOR
Item 2. Principal Place of Business an	d Contact Informati	on	
Street Address 1	A 100 A 100 B	Street Address 2	
One New York Plaza PRO	CESSED		
City MAR	State/Province/Country	ZIP/Postal Code	Phone No.
New York	l NY	10004	(212) 902-1000
Item 3. Related Persons THOWS	ON REUTERS	998	elas:
item 5. Related Persons		Meil Aroces Section	
Last Name	First Name		Middle Name
Goldman Sachs Hedge Fund Strategies, LLC		MAR 132	009
Street Address 1		Street Address 2	
One New York Plaza		Weshington	1, DG
City	State/Province/Country	ZIP/Postal Code	Phone No.
New York	NY	10004	(212) 902-1000
Relationship(s):   Executive Officer Clarification of Response (if necessary): *the Issue	☐ Director	☑ Promoter*	
(Identify add		by checking this box 🗹	and attaching Item 3 Continuation Page(s).)
Item 4. Industry Group (Select one)			
□ Agriculture	□ Business Service	ces	☐ Manufacturing
Banking and Financial Services	Energy		Real Estate
<ul> <li>☐ Commercial Banking</li> <li>☐ Insurance</li> </ul>	☐ Electric Utilities		☐ Construction
□ Investing	□ Energy Conservation		☐ REITS & Finance
<ul> <li>☐ Investment Banking</li> <li>☑ Pooled Investment Fund</li> </ul>	☐ Coal Mining		☐ Residential ☐ Other Real Estate
If selecting this industry group, also	☐ Environmental Services		□ Retailing
select one fund type below and	□ Qil & Gas		□ Restaurants
answer the question below: ☐ Hedge Fund	☐ Other Energy		
☐ Private Equity	Health Care		Technology ☐ Computers
□ Venture Capital Fund			☐ Telecommunications
☑ Other Investment Fund Is the issuer registered as an	☐ Biotechnology		☐ Other Technology
investment company under the	☐ Health Insura		Travel
Investment Company Act of	☐ Hospitals & P	hysicians 'hysicians	☐ Airlines & Airports
1940? □ Yes   ☑ No	□ Pharmaceuticals		☐ Lodging & Conventions ☐ Tourism & Travel Services
☐ Other Banking & Financial Services	☐ Other Health Care		☐ Other Travel
•			□ Other

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#### ,FORM D

### U.S. Securities and Exchange Commission Washington, DC 20549

Minimum investment accepted from any outside investor \$ 0	
Item 12. Sales Compensation Recipient	Recipient CRD Number
Goldman, Sachs & Co.	☑ No CRD Number
	(Associated) Broker or Dealer CRD Number
Associated) Broker or Dealer	(Associated) Blokel of Dealer CRD Number
Street Address 1	Street Address 2
85 Broad Street	
City State/Province/	/Country ZIP/Postal Code
New York NY	10004
States of Solicitation	
□ AL □ AK □ AZ □ AR □ CA □ CO	□ CT □ DE □ DC □ FL □ GA □ HI □ ID
□IL □IN □IA □KS □KY □LA	□ ME □ MD □ MA □ MI □ MN □ MS □ MI
MN CINE ONV ONH ON ONM	I □ NY □ NC □ ND □ OH □ OK □ OR □ PA
RI SC SD TN TX UT	□ VT □ VA □ WA □ WV □ WI □ WY □ PF
Identify additional person(s) being paid compensation by checking	g this box □ and attaching Item 12 Continuation Page(s).)
tem 13. Offering and Sales Amounts	
a) Total Offering Amount \$	OR ☑ Indefinite
b) Total Amount Sold \$ 116,000,000	
c) Total Remaining to be Sold \$ (subtract (a) from (b)) Clarification of Response (if necessary)	OR ☑ Indefinite
Item 14. Investors  Check this box   if securities in the offering have been or may be such non-accredited investors who already have invested in the off	sold to persons who do not qualify as accredited investors, and enter the numbe fering:
Enter total number of investors who have already invested in the of	offering:
tem 15. Sales Commissions and Finders' Fees Ex	kpenses
ox next to the amount.	fees expenses, if any. If an amount is not known, provide an estimate and chec
S	Sales Commissions \$
Figure 2 (If necessary)	Finders' Fees \$ 0

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Item 16. Use of Proceeds			
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.	\$ 0 Estimate		
Clarification of Response (if necessary)			
Signature and Submission			
Please verify the information you have entered and review the Terms of Su	ubmission below before signing and submitting this notice.		
Terms of Submission. In submitting this notice, each identified issuer is:			
written request, in accordance with applicable law, the information furnished irrevocably appointing each of the Secretary of the SEC and the which the issuer maintains its principal place of business and any State in that these persons may accept service on its behalf, of any notice, process registered or certified mail, in any Federal or state action, administrative prijurisdiction of the United States, if the action, proceeding or arbitration (a) a subject of this notice, and (b) is founded, directly or indirectly, upon the prothe Trust Indenture Act of 1939, the Investment Company Act of 1940, or these statutes; or (ii) the laws of the State in which the issuer maintains its proceeding or arbitration in the second control of the secon	Securities Administrator or other legally designated officer of the State in which this notice is filed, as its agents for service of process, and agreeing or pleading, and further agreeing that such service may be made by roceeding, or arbitration brought against the issuer in any place subject to the arises out of any activity in connection with the offering of securities that is the evisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, or any rule or regulation under any of		
are "covered securities" for purposes of NSMIA, whether in all instances or	uire information. As a result, if the securities that are the subject of this Form D		
Each identified issuer has read this notice, knows the contents to be true, a duly authorized person. (Check this box □ and attach Signature Continuation represented by signer below.)	and has duly caused this notice to be signed on its behalf by the undersigned ion Pages for signatures of issuers identified in Item 1 above but not		
Issuer(s)	Name of Signer		
Goldman Sachs Multi-Strategy Portfolio SMG Family Fund, LLC	David Kraut		
Signature	Title		
Amil h	Vice President of the Issuer's Managing Member		
Number of continuation pages attached: 1	Date  March 1⁴, 2009		
Persons who respond to the collection of information contained in this form number.	are not required to respond unless the form displays a currently valid OMB		

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### **Item 3 Continuation Page**

Item 3. Related Person (Continued)			
Last Name	First Name	. <u></u>	Middle Name
Barbetta	Jennifer		
Street Address 1	***	Street Address 2	
One New York Plaza			
City	State/Province/Country	ZIP/Postal Code	Phone No.
New York	NY	10004	(212) 902-1000
Relationship(s):   Executive Officer  Clarification of Response (if necessary): *Director	☑ Director* or of the Issuer's Managing M	☐ Promoter lember	
Last Name	First Name	·	Middle Name
Clark	Kent		
Street Address 1		Street Address 2	
One New York Plaza			
City	State/Province/Country	ZIP/Postal Code	Phone No.
New York	NY	10004	(212) 902-1000
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Relationship(s):   Executive Officer Clarification of Response (if necessary):	☐ Director	☐ Promoter	
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Relationship(s):	□ Director	☐ Promoter	END